

## MISSOURI DEPARTMENT OF NATURAL RESOURCES SOLID WASTE MANAGEMENT PROGRAM

## NON-PROFIT SCRAP TIRE CLEANUP AND DISPOSAL INVOICE

## PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

In order for this invoice to be processed in a timely manner, you must provide a copy of the cancelled check (front and back) for the cost of proper disposal of the tires and the original receipt from the tire hauler, tire dealer or other legal destination.

The cancelled check must be from the entity that applied for reimbursement. Governmental and for-profit entities are not eligible for disposal cost reimbursement.

Attach an original receipt showing proof of delivery to a legal recycler, end-user, processor or landfill. The receipt must indicate the

number of tires delivered, cost in group seeking reimbursement at			-full. The rec	eipt needs to be signe	ed by a	representative of the	
Make sure you have a current ve		number issued by the	State of Miss	souri Office of Admini	stration.		
NON-PROFIT ORGANIZATION							
Organization Name			Address (City, State, ZIP Code)				
Contact Person			Title				
Telephone With Area Code		Fax	E-Mail				
Federal Tax ID			Project Number (from approved application)				
DESCRIPTION	NUMBER COLLEC	OF TIRES	DISPOSAL COST		AMOUNT REQUESTED		
Reimbursement of cost for proper disposal of scrap tires collected as a result of a charitable, fraternal or other non-profit organization's voluntary cleanup of land and water resources authorized in Section 260.276.3, RSMo.			\$		\$		
DECLARATION AND SIGNATU	JRE		_				
I certify that (#) scrap tires collected during this cleanup came from Missouri.  I certify to the best of my knowledge and belief the above date is correct and that reimbursement is due and							
has not been previously requested.							
Authorized Signature				Title		Date	
DO NOT MAKE ENTRIES BELO	OW THIS I	INF THIS DART TO	RE COMPLE	TED BY THE MISSO	IIRI DE	PARTMENT OF	
DO NOT MAKE ENTRIES BELOW THIS LINE. THIS PART TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES							
This invoice is approved for pay	ment:						
Yes □ No □							
Signature					Date	Date	
Amount Due \$							
Mail or fax completed form to Missouri Department of Na Solid Waste Management F Scrap Tires and Illegal Dun P.O. Box 176 Jefferson City, MO 65102 573-751-5401, Fax 573-526-	tural Reso Program nping Unit						

MO 780-1998 (04-10)